

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

OFFICE & PROFESSIONAL EMPLOYEES INTERNATIONAL UNION (OPEIU) LOCAL 2 CO-

PE

ADDRESS (number and street)

8455 COLESVILLE ROAD SUITE 1250

4TH FLOOR

☐ (Check if address is changed)

SILVER SPRING

MD

20910

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☒ (Check if address is changed)

opeiul2.robin@attglobal.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)2. DATE

M	M
0	9

 /

D	D
2	3

 /

Y	Y	Y	Y
2	0	0	9

3. FEC IDENTIFICATION NUMBER

C C00135707

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Michael W CowanSignature of Treasurer Electronically Filed by Michael W Cowan

Date

M	M
0	9

 /

D	D
2	3

 /

Y	Y	Y	Y
2	0	0	9

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2009)

5. TYPE OF COMMITTEE (Check One)

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a (National, State
(or subordinate) committee of the (Democratic,
Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☒ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

Write or Type Committee Name

OFFICE & PROFESSIONAL EMPLOYEES INTERNATIONAL UNION (OPEIU) LOCAL 2 COPE**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor****OFFICE & PROFESSIONAL EMPLOYEES INTERNATIONAL UNION (OPEIU) LOCAL 2 COPE**

Mailing Address

8455 COLESVILLE ROAD SUITE 1250**4TH FLOOR****SILVER SPRING****MD****20910**

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☒

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

Robin C Taylor

Mailing Address

8555 16th Street**Ste 550****Silver Spring****MD****20910**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

AccountantTelephone number **301** - **608** - **8080****8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name

of Treasurer

Michael W Cowan

Mailing Address

8455 Colesville Road**Suite 1250****Silver Spring****MD****20910**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Secretary/TreasurerTelephone number **301** - **608** - **8080**

Full Name of
Designated
Agent

Daniel B Dyer

Mailing Address

8555 16th Street

Ste 550

Silver Spring

MD

20910 -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

President

Telephone number

301 -

608 -

8080

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

MT&T Bank

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲